



**Extended Care Prior Authorization Request Form  
for Physician Alliance of the Rockies  
UHC Medicare Advantage Only**

**FAX: 844-287-9417**

**Phone: 720-445-9404 Option 3**

Post Hospitalization (Routine)  Direct Admit (Urgent)

Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Facility: \_\_\_\_\_ Estimated Admission Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Services:

Inpatient SNF (CPT code: R0022) \_\_\_\_\_ LTAC (R0129) \_\_\_\_\_ Inpatient Rehab Facility (R0024) \_\_\_\_\_

Diagnosis (must have at least one diagnosis or ICD-10 code):  
\_\_\_\_\_

ICD-10: \_\_\_\_\_

Clinical Information: **If member is a direct admit from home, please include clinical to support this request. Attach additional information if necessary.**

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**Please use our Physician Pre-Authorization Portal. Access at Physician Alliance of the Rockies web-site: [paotr.com](http://paotr.com). Simply click on the Portal access button to register. This allows for a quicker turn-around time and ease of knowing when your request is approved. Please call us with any questions.**